NOTICE OF FORM CHANGE NO. 04-079

DATE
03/03/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

☐ Community Care Licensing District Offices
☐ Private and Public Adoption Agencies

☐ District Attorney
☐ Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE   CA 800S NONFED (2/04) Summary Report of Assistance Expenditures, CalWORKs Assistance, CalWORKs Diversion, and KinGAP, Nonfederal

ORDER UNIT MASTER ONLY	☒ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☒ No

☐ New   ☒ Revised   DATE OF FORM 2/04   REPLACES 1/04   ☐ Obsolete

REQUIRED FORM-
☒ No Change Permitted

REQUIRED FORM-
☐ Substitute Permitted With Prior DSS Approval

☐ Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:
Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

☐ Other:

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY
☐ Use until exhausted   ☒ Destroy

USE NEW FORM
☐ When supply available in DSS Warehouse   ☒ Use new form effective   immediately.

USE FORM IN ACCORDANCE WITH
☐ All County Letter No.
☐ Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

This is a Microsoft Excel document and is the available on the Financial Services Bureau Automated
 Assistance Claims Webpage.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

GEN 127 (3/02)

**SUMMARY REPORT OF ASSISTANCE EXPENDITURES
CALIFORNIA WORK OPPORTUNITY AND RESPONSIBILITY TO KIDS
(CalWORKs) ASSISTANCE, CALWORKS DIVERSION, AND KinGAP
NONFEDERAL**

County		Date (Month/Year)
Claim Contact		Telephone

Aid Code		2 Parent **35**	Safety Net AF **3A**	Safety Net 2Pr **3C**	Diversion AF **3X**	Diversion 2Pr **3Y**	KinGAP **4G**	Total
	Current Month							
1	Main Payroll							-
2	Current Month Supplemental Payroll							-
3	Current Month Cancellation Contra Roll							-
4	Prior Month Supplemental Payroll							-
5	Current Month Adjustment							-
6	Subtotal (Lines 1 - 5)	-	-	-	-	-	-	-
	Prior Month							
7	Prior month cancellation Contra Roll							-
8	Recoveries of aid							-
9	Prior month Negative Adjustment							-
10	Subtotal (Lines 7 - 9)	-	-	-	-	-	-	-
11	Prior Month Positive Adjustment							-
12	Grant-Based On-the-Job Training (OJT) (Wage Subsidy)							-
13	TOTAL AID PAYMENTS, Current + Prior Months (Lines 6+10+11+12)	-	-	-	-	-	-	-
	Amount Payable with State Funds Only							
14	Total Number of Assistance Units							-
15	Multipled by $2.00	-	-	-				-
16	**Persons Count**							
	County Use Only							
	Summary by Funding (State/County)	*(97.5/2.5)*	*(97.5/2.5)*	*(97.5/2.5)*	*(95/5)*	*(95/5)*	*(50/50)*	
17	State	-	-	-	-	-	-	-
18	County	-	-	-	-	-	-	-
19	**Total**	-	-	-	-	-	-	-

	SUMMARY BY PROGRAM/REPORTING CATEGORY	State	County	Total
20	Two-Parent Families (35, 3C)	-	-	-
21	Safety Net All Families/Zero Parent (3A)	-	-	-
22	Diversion (3X, 3Y)	-	-	-
23	KinGAP	-	-	-
24	**Total**	-	-	-
25	*Grant-Based OJT (Wage Subsidy) Information Only*	-	-	-

CA 800S NONFED (2/04)

General Information

1. Enter county name, and month and year of claim in space provided.
2. Enter name and telephone number of county staff person to be contacted if there are any questions regarding the claim.
3. This form is pre-programmed to round all amounts to the nearest dollar.

Current Month

For each column:
4. Lines 1 through 5: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each payroll. Only current month adjustments should be entered on Line 5.
5. Line 6: Subtotal of Lines 1 through 5. This amount will calculate automatically.

Prior Month

For each column:
6. Line 7: Enter the amounts shown on the integrated payroll summary. For non-integrated payrolls, enter the grand totals shown for each contra-roll.
7. Line 8: Enter the total of <u>all cash recovered</u> in this month for aid paid in a prior month. This includes cash abatements or repayments of overpayments received during this report month.
8. Line 9: Enter the total of all prior month negative adjustments which decrease money amounts that were claimed in a prior month summary report.
9. Line 10: Subtotal of Lines 7 through 9. This amount will calculate automatically.

Positive Adjustments and Grant-Based On-the-Job Training (OJT) (Wage Subsidies)

Line 11: Enter the amounts shown on the separate listing for prior month positive adjustments which were or should have been claimed on a prior month Summary Report.
10. Line 12: Enter amounts paid for grant based OJT (Wage Subsidies). Residual payments, if any, should be reported to the appropriate category on Lines 1 through 9.

Total

11. Line 13: Total Aid Payments, current and prior months. This amount will calculate automatically.

State Only Funds

12. Line 14: Enter the number of Assistance Units (AUs) represented in your total persons count (children and adults).

13. Line 15: Amount payable with state funds only (state share of the $2 grant increase effective June 1, 1973 for federal) – Line 14 x $2. This amount will calculate automatically.

Persons Count

14. Line 16: Enter persons count for the KinGAP program.

Summary by Funding
15. Lines 17-25: The state and county shares will calculate automatically by aid code and by program/reporting category on Lines 17 through 19 and Lines 20 through 25, respectively.